

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 Mr Bernd R
 NICKNAME LAST SUFFIX
 Bernie Scheffler

OFFICE USE ONLY

Date Received

OFFICIAL RECORD

CITY SECRETARY

FORT WORTH TEX

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 2260 5th Ave; Fort Worth; TX; 76110
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 401 0146 8

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 MS Lauren
 NICKNAME LAST SUFFIX
 Laurie Bates

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 2262 5th Ave; Fort Worth; TX; 76110
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 991 9858

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit

July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 4 / 12 / 2007 THROUGH 5 / 4 / 2007

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year
 5 / 12 / 2007 Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
 Fort Worth City Council District 9

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Bernie Schaffler

16 ACCOUNT # (Ethics Commission Filers)

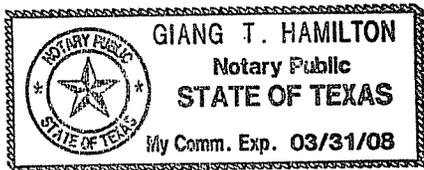
17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 359.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 974.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 12.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 945.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 532.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bernie Schaffler
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bernie Schaffler, this the 4th day of May, 2007, to certify which, witness my hand and seal of office.

Giang T. Hamilton GIANG T. HAMILTON Loan Adm
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Bernie Scheffler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy McNutt	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2829 Willing Ave; Fort Worth; TX 76110		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Restaurant owner		10 Employer (See Instructions)	
Date 4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Simdon	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2419 Mistletoe Blvd; Fort Worth; TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luca & Alexia Zamboni	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 Mistletoe Ave; FW; TX; 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Professor of Mathematics		Employer (See Instructions) University of North Texas	
Date 4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Obrien	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2100 Fairmount Ave; Fort Worth; TX; 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas Grant	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 108 Flaxseed Ln; Fort Worth; TX; 76108		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Information Security		Employer (See Instructions) Lockheed Martin	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Bernie Scheffler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Wann	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Ryan Place Dr.; Fort Worth, TX; 76110		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Unemployed		10 Employer (See Instructions)	
Date 4/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Pfingsten	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 907 Sandalwood Ave; Richardson; TX; 75080		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)	
Date 4/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Loose	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1212 Barker St; Arlington; TX; 76012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Cable Hoskins	
Date 5/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty Cole	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2112 5th Ave; FortWorth; TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wanda Conlin	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1755 Martel Ave; FortWorth; TX; 76103		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Bernie Scheffler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahr Brewing 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) donation: Event venue rental
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellow Mushroom Pizza Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for campaign event
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasmine Luna Contributor address; City; State; Zip Code 4805 Merida Ave; Fort Worth; TX 76115	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemens Raab Contributor address; City; State; Zip Code 2902 Vassar; Irving; TX 75062	Amount of contribution (\$) \$15	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Bernie Scheffler</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4/17</u>	5 Payee name <u>FedEx Kinko's</u> 6 Payee address; City; State; Zip Code <u>901 Houston St; Fort Worth; TX 76102</u>	7 Amount (\$) <u>120.43</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Copies (Flyers & Posters)</u> (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <u>5/3</u>	Payee name <u>The Big Picture</u> Payee address; City; State; Zip Code	Amount (\$) <u>811.88</u>
Purpose of payment (See instructions regarding type of information required.) <u>YARD Signs</u> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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